

**DEDHAM PARKS & RECREATION DEPARTMENT
DOLAN CENTER
269 COMMON STREET,
DEDHAM, MA 02026**

**FALL WRESTLING PROGRAM
INSTRUCTION & OPEN MATS**

NAME _____ AGE _____

ADDRESS _____ TOWN _____ TEL # _____

PARENT/GUARDIANS NAME _____

**PROGRAM OPENED TO GRADE 6, 7 & 8TH WRESTLERS FOR INSTRUCTION
PROGRAM....PLEASE CIRCLE DESIRED CLASS.....**

**INSTRUCTION LIMITED TO 20 MIDDLE SCHOOL AGED STUDENTS
SUNDAYS 5:30-6:30PM.... OCTOBER 10th THRU NOVEMBER 21, 2010**

**FEE...DEDHAM RESIDENTS...\$35.00 PER WRESTLER
REGISTRATION STARTS MONDAY, AUGUST 17, 2010
NON RESIDENTS.....\$40.00 PER WRESTLER**

**OPEN MATS FOR EXPERIENCED GRADE 8-12 WRESTLERS
SUNDAYS 6:30-8:00PM.... OCTOBER 3RD THRU NOVEMBER 21, 2010**

**FEE...DEDHAM RESIDENTS...\$40.00 PER WRESTLER
REGISTRATION STARTS MONDAY, AUGUST 17, 2010
NON RESIDENTS.....\$45.00 PER WRESTLER
REGISTRATION STARTS MONDAY, AUGUST 24, 2010**

PROGRAM INSTRUCTION...JIM MAHER...DEDHAM RECREATION YOUTH COACH

**BY MY SIGNATURE, I HEREBY RELEASE THE TOWN, PARKS & RECREATION
DEPARTMENT FROM ANY LIABILITY REGARDING INJURY WHILE PARTICIPATING IN
THIS PROGRAM**

PARENT/GUARDIAN SIGNATURE _____

DATE _____